

 Classroom Research Assignment Research Project Consent Form

The [insert department name] at Bellevue College supports the practice of protection of human participants in research. The following will provide you with information about this study that will help you in deciding whether or not you wish to participate. If you agree to participate, please be aware that you are free to leave and withdraw from the study at any point.

In this study you will be asked to [insert description of what the participant will be asked to do in the study]. All information you provide will remain confidential and will not be associated with your name or any other identifying information. Your participation in this study will require approximately [insert the amount of time anticipated for participation]. When this study is complete you will be provided with the results if you request them, and you will be free to ask any questions.

There is no direct benefit to you from being in this study.

The potential risks from taking part in this study are expected to be no more than those you would encounter in daily living.

You will not be compensated in any way for participating in this study.

If you have any further questions concerning this study please feel free to contact either

[enter the names, phones, and emails of instructor and (if applicable) student]

If you have questions about your rights as a research participant, or would like to report a concern or complaint about this study, please contact the Bellevue College Institutional Review Board at (425) 564-3152, or email at IRBChair@bellevuecollege.edu, or regular mail at: 3000 Landerholm Cir. SE, Bellevue WA 98007.

Your participation is solicited, yet strictly voluntary. All information will be kept confidential and your name will not be associated with any research findings.

Please indicate with your signature on the space below that you understand your rights and agree to participate in the study. Your signature certifies that you are at least 18 years of age.

Participant Information

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Obtaining Informed Consent Information

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_